

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SAB	698101	6/13
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MMR	10971	7-27-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final Original	Date
1	1	2/3/03
2	2	5/16/03
3	3	5/16/03
4	4	5/16/03
5	5	5/16/03
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7	7	5/16/03
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If more than 150 claims or 10 actions  
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